

# STANDARD CERTIFICATE OF DEATH

State File No. **5394**

FILED FEB 16 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5775 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Hudson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta 0610 Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still Kildeth San</u>		d. STREET ADDRESS (If rural, give location) <u>Independence Township</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Sheek</u> c. (Last) <u>Sheek</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Oct 5, 1866</u>
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u>	11. IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>lived on farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Pa</u>		12. CITIZEN OF WHAT COUNTRY? <u>usa</u>	
13a. FATHER'S NAME <u>Sam L. Sheek</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Dick</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul L. Jones</u>	
18. ADDRESS <u>macon, Mo</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES DUE TO (b) <u>Arterio sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <u>Senile dementia</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>231X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Atlanta 0610 Rural Macon Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Feb 7 1950 4:30 P.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Stroke</u>	
22. I hereby certify that I attended the deceased from <u>June 15, 1947</u> , to <u>Feb 7, 1950</u> , that I last saw the deceased alive on <u>Feb 7, 1950</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Annie L. Manick D.O.</u>		23b. ADDRESS <u>macon Mo</u>	
23c. DATE SIGNED <u>2-7-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 9-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>La Plata Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. M. Goodding</u>	
25. ADDRESS <u>Atlanta Mo</u>		DATE REC'D BY LOCAL REG. <u>2/9/50</u>	
REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		185	

(Licensed Embalmer's Statement on Reverse Side)

**WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD**

JUN 22 1950

6561 77 781

RECEIVED 2/14/50

MACON COUNTY HEALTH DEPARTMENT

County File No. 2/50/32

Date Filed 2/15/50

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Signed

*H. M. Goodding*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1756

P. O. Address Atlanta Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.